



**NOTARY CHANGE OF ADDRESS /
RESIGNATION**
SECRETARY OF STATE
SFN 50445 (12-03)

For Office Use Only

ID #

Secretary of State
State of North Dakota
600 E Boulevard Ave Dept 108
Bismarck ND 58505-0500
Telephone 701-328-2901
Toll Free 800-352-0867
Ext 82901
Fax 701-328-1690

Instructions For Notary Change of Address:

1. For reference, see North Dakota Century Code, Section 44-06-02.
2. A Notary Public must notify the Secretary of State by mail within 60 days of any change of address. If a notary fails to notify the Secretary of State within 60 days a late fee of \$10.00 will be imposed at the time of renewal.
3. In compliance with the Federal Privacy Act of 1974, the disclosure of the social security number on this form is voluntary. They are not disclosed to the public. The numbers are used by the Secretary of State to maintain accurate notary files. Therefore, while voluntary disclosure is requested, failure to do so will not invalidate this change of address.

Name of Notary Public		Commission #	Expiration Date	Social Security #
Residential Mailing Address	City	State	Zip Code	Home Telephone #
Work Mailing Address	City	State	Zip Code	Work Telephone #
E-Mail Address: (optional)				

Notary Signature

Instructions For Moving Out of State / Resignation

Section 44-06-01 of North Dakota law requires a notary public to maintain legal residency in North Dakota or reside in a county that borders North Dakota and which is in a state that extends reciprocity (MN only) to a notary public who resides in a bordering county of North Dakota during your entire term of appointment. If you are no longer a resident of North Dakota or bordering county as described above, you must submit your resignation to the Secretary of State, destroy your notary seal / stamp and return this completed form and your notary commission certificate to the address listed above.

Dear Secretary of State:

Due to my move out of the State of North Dakota or bordering county, as described in North Dakota Century Code, Section 44-06-01, I am resigning my notary public commission effective _____.
(Date)

Notary Signature

Printed Name of Notary Public